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BLAKELY SOKOLOFF TAYLOR & ZAFMAN 12400 WILSHIRE BOULEVARD SEVENTH FLOOR ALLEN			N, DYER, DOPPELT TH & GILCHRIST, P.A.		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmistal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
200741022207, 01170022 1000		Attorneys at Law 255 South Orange Ave., Ste. 1401 P.O. Box 3791 Orlando, FL. 32802-3791		<b>.</b>	LLOVE		(Depositor's name)
				İ	februar	1+wenty-two CY 27, 2005	(Signature) (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/833,107	09/833,107 04/10/2001 Edwi			n Dair		3918P002XX3	6467
TITLE OF INVENTION: M	IETHOD AND APPARATU	S FOR MULTIBO	OARD FIBER	OPTIC	MODULES AND FIB	ER OPTIC MODULE ARRA	AYS
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$13/10 \$1400			\$300	\$1670\$1700	02/22/2005
EXAMINER		ART UNIT		C	ASS-SUBCLASS		
BELLO, AGUSTIN		2633			398-139000	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1, 363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  ALLEN, DYER, DOPPELT  — MILBRATH & GILCHRIST, P.A. — Attorneys at Law  2— 255 South Orange Ave., Ste. 1401 — P.O. Box 3791  Orlando, FL. 32802-3791				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print	or type)		
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  01 FC::1501 1400.00 DA							
JDS Uniphase Corporation San Jose, CA 02 FC:1504 300.00 DA							
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent):	Individual X	orporation or other private gr	oup entity Government
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Authorized Signature					Date february 18, 2005		
Typed or printed name Charles E Wand				Registration No. 25,649			
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